

Today

USPS 867340

Volume 19, Number 3, Spring 1991

HEALTH CARE
IN RURAL
GEORGIA

Introduction

WANTED: Health-care professionals to work in Small Town, Ga. Expect huge work load, long hours, non-competitive pay and limited resources.

You'll probably never see this ad in the classifieds, but it often reflects reality all too accurately.

This edition of *Medical College of Georgia Today* is dedicated to Medical College of Georgia alumni who take the job anyway.

True, practicing health care in rural Georgia has more than its share of problems, especially at a time when small hospitals are folding at an unprecedented clip. But as the MCG alumni featured in this edition of the magazine point out, the assets of a rural practice can more than make up for the liabilities.

Consider Dr. Gary Stough, for instance, a dentist in Cornelia, Ga., who wouldn't trade the fresh air and friendly faces for every big-city perk combined.

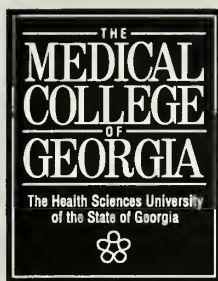
Dr. Joe Downs, a physician in West Point, Ga., feels the same way. He grew up in West Point and wants his kids to have the same kind of childhood he did: one in which the whole community is something of a big extended family. Everybody knows everybody else, and they all watch out for each other. He loves it and never really considered any other kind of life.

School of Nursing alumna Sara Wiggins, director of nursing at Wells Memorial Hospital in Washington, Ga., concurs. Her days start by feeding the animals on her farm and seeing 6-year-old Justina off to school. Then she kisses her husband goodbye and drives to the hospital, all of five minutes away. She knows all the hospital's nurses by name and even pitches in clinically when the need arises. That opportunity wouldn't be available at a larger hospital.

You'll also read about how MCG is working to make rural practice more enticing. Learn about telemedicine, a concept in which doctors evaluate patients via two-way television. This way, doctors at a centralized location can provide care for those who otherwise might find it inaccessible.

MCG also has established an Office of Rural Health to coordinate outreach efforts.

The school is proud of its strides toward ensuring good health care for rural Georgians and even prouder of its alumni who make the goal a reality.



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The Medical College of Georgia is the health sciences university of the University System of Georgia. Focusing on health care education, research and patient care, the Augusta-based institution consists of MCG Hospital, more than 80 support clinics, statewide outreach programs and the Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing.

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The statistics are bleak: 77 Georgia counties are short of health manpower; 61 Georgia counties have no doctors in residence; 12 rural Georgia hospitals have closed since 1976.

Those medically underserved sites are Georgia's rural areas, which house 40 percent of the state's population. The statistics translate into a considerable human toll. Georgia, for instance, has the second-highest infant mortality rate in the country, and a wildly disproportionate percentage of trauma fatalities occur in rural areas.

But the Medical College of Georgia is working to turn this situation around. And so are the rural communities. One example of their efforts is an annual medical fair which pairs Georgia rural-community representatives with medical residents. The community representatives try to "sell" their communities in effect, stressing attributes of rural living, trying to recruit the physicians who attend the fair. The fair began in 1977 and has since placed 181 physicians, mostly MCG graduates, in rural communities.

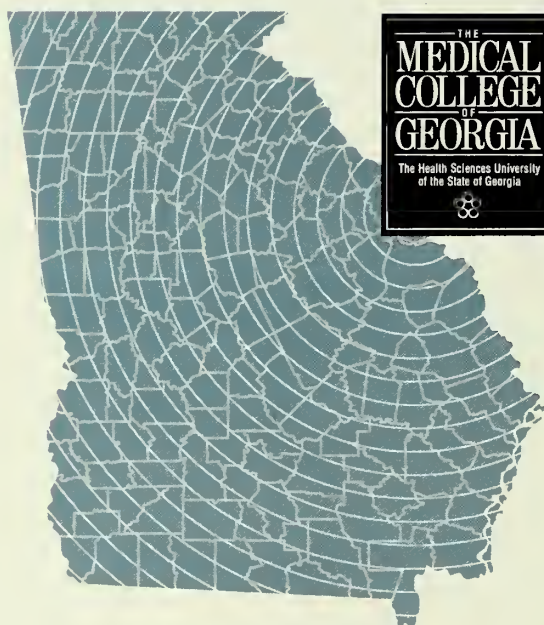
This year's fair was held Sept. 28-29 at the Stouffer-Waverly Hotel in Atlanta. Forty-four community representatives attended, as did 130 physicians, most completing their residencies. Dr. Francis J. Tedesco, president of MCG, was the keynote speaker.

The communities, most hurting desperately for physicians, pulled out all the stops. A Swainsboro, Ga., representative brought along a videotape of Swainsboro life. The images—quiet, sun-swathed streets on which children ride bicycles and neighbors chat amiably—conveyed the charms of small-town life. Other representatives displayed poster presentations, pamphlets and gifts symbolic of their towns' claims to fame.

They also spread the word that, whereas their situations need improving, they are hard at work to provide adequate health care for their residents. Doug Arnold, the administrator of Grady General Hospital in Cairo, Ga., noted that his hospital now is financially sound, thanks to some fancy fiscal footwork. In 1986, the community pooled the resources of three failing rural hospitals—those in Grady, Brooks and Mitchell counties—in a bid to save them. It worked. "It's turned things around," Mr. Arnold said. "Grady was losing \$1 million a year. Now, we about break even."

Of course, the hospitals still have problems, the most pressing of which are the need for pediatricians and family practitioners.

Reaching Out to Rural Georgia



The physicians they met at the fair were receptive listeners, many already eager to hang a shingle in small-town Georgia. "I'm interested in practicing somewhere in north Georgia," said Dr. Greg Mauldin, a 1987 MCG graduate from Lawrenceville, Ga. "I'm familiar with the territory. I want to be in close proximity to Atlanta but not in the big city."

His former MCG classmate, Dr. Bill Adcox, has already made the move. He moved to Toccoa, Ga., in 1989. "It's a

beautiful area. The people are all very friendly," he said, noting he'd make the same decision if he had it to do over again.

Dr. Nancy Lefever, a 1988 MCG graduate, also is attracted to rural Georgia, not so much because of the lifestyle but because of the needs of rural Georgians. "I want to go where the need is," she said. "I want to be part of a community, to be important to the community and to make a difference."

She thinks medical students should be



exposed to family practice in their first or second year of school, rather than the fourth, to encourage interest in the field. "We need to build up respect for family practitioners," she said, noting that today's medical community tends to focus more on specializing.

Dr. Tedesco agreed that medical schools have a pivotal role in reversing the health-care deficiencies of rural areas, noting the vast discrepancies between medical care in a big city as opposed to

that in a small town.

"It is ironic that as our ability to diagnose and treat the medical needs of our population continuously improves, in some areas of this great state and country our capability of delivering that care has remained in a 'horse and buggy' era," Dr. Tedesco said during his keynote speech.

"Frustratingly, multiple studies have documented that, as a result of geographic isolation, millions of Americans in our rural communities have been disen-

franchised from the comprehensive health services they require," he said.

Rural communities are fashioning some solutions of their own, he said, noting implementation of cooperative training and recruitment programs; mergers of competing rural hospitals; and clinics run by physician assistants and nurses.

But more work remains. "The solution is to develop an alternative health care delivery system that has the capacity to functionally network or bridge existing resources to parallel the patient's medical needs," he said. "Most importantly, the new system needs to have the capacity to disperse and decentralize our resources without compromising the quality or escalating the costs of care."

MCG is working to develop an interactive video communication system—two-way television, of sorts—with which a physician at a specialty referral hospital "can literally examine a patient in the rural community hospital without the need to transfer the patient," he said.

"The application of this system will be one of the few examples whereby the introduction of new technology will facilitate and expand the provision of care rather than further concentrate it in tertiary-care centers," he said.

"In addition, the cost of telemedicine should be significantly offset by the savings generated in the present system."

MCG's Office of Rural Health will coordinate recruiting efforts and rural health-care initiatives such as telemedicine.

Dr. Tedesco stressed that such a system should not discourage citizens and legislators from fighting to maintain adequate health care in rural areas. But a combination of telemedicine and vigorous

attempts to improve rural health-care resources will not only address medical needs, but will also spur the areas' economies and make the areas more attractive places to live. The alternative—allowing the downward spiral to continue—"may encourage the continuation of two Georgias: the healthy and wealthy metropolitan Georgia contrasted with impoverished and unhealthy rural regions."

—CHRISTINE HURLEY DERISO

The Medical College of Georgia has established an Office of Rural Health charged with expanding and coordinating MCG's efforts regarding the health-care needs of Georgia's less-populous areas.

Dr. David A. Wells, a 1949 graduate of MCG and a family physician in private practice in Dalton, Ga., for nearly 40 years, has been named as the first director of the Office of Rural Health.

Dr. Patrick F. Mongan, an MCG family physician who serves as medical director of the Tri-County Health System, Inc. with sites in Warren, Glascock and Taliaferro counties, has been named associate director. Tri-County Health System, Inc. serves residents with a five-day-a-week physician's office. The center is operated by a local board and MCG contracts with the board to provide physicians.

MCG's new rural health office will incorporate the faculty, staff and resources of MCG's five schools—medicine, dentistry, nursing, allied health sciences and graduate studies, as well as MCG Hospital and Clinics. The office will report to the dean of the School of Medicine.

Part of MCG's role as Georgia's health sciences university is to help resolve issues such as inadequate numbers of doctors, nurses and other health-care providers in rural areas, said Dr. Gregory L. Eastwood, dean of the School of Medicine.

One of the first jobs of the new director will be to form a coalition, called the Rural Health Council, of everyone at MCG interested in rural health-care issues.

The office also will be a resource on rural health and will interact with Augusta-area, other state and federal agencies and will foster research and education in rural health.

"The bottom line is the dis-



Lending A Hand

The Medical College of Georgia's
Office of Rural Health Care is working
to ensure good health care
for all Georgians.

tribution of physicians throughout Georgia is poor. I would say this is a program that will help solve the problems of physician distribution," Dr. Eastwood said. MCG's program will join in this effort with existing bodies such as the Governor's Commission on Access to Health Care.

Pertinent issues such as the lack of colleagues for physicians and lack of technology in rural Georgia will be the focus of this office and the Rural Health Council.

Academic issues, such as the possibility of physicians-in-training spending a substantial portion of their time learning in a rural settings also will be addressed.

Dr. Wells brings to the director's job a career that involved him with many such issues, from his long-time practice in Dalton to positions such as former chairman and member of the Medical Association of Georgia's Board of Directors and president-elect and president of MAG.

He served as a member of the State Medical Education Board of Georgia in 1975 and as chairman of that group from 1979 to 1987.

Dr. Wells also was instrumental in establishing the medical fair, an annual physician recruitment effort for Georgia's small communities, sponsored by groups that include MAG, the Joint Board of Family Practice, the University of Georgia's Cooperative Extension Service, the State Medical Education Board and MCG.

Dr. Mongan earned his medical degree from the University of Miami School of Medicine and completed his family practice residency at the University of Florida. He served as medical director of the laboratory for the MCG Family Practice Center before assuming his duties as tri-county clinic director in 1983.

Drs. Wells and Mongan are board certified in family practice.

—TONI BAKER

HEALTH CARE IN RURAL GEORGIA

No Place Like Home

The thought of aging has never struck Dr. Joseph Downs III as particularly unappealing. He's witnessed the concept firsthand all his life and finds little to fear.

Dr. Downs' childhood home was something of a multigenerational melting pot. Elderly family members seldom went to nursing homes; they moved in with family, and often his own.

"My aunt Sue, for instance, lived with the family when I was growing up," he said. "Her mind was pretty much gone, and we all looked after her. We'd say, 'It's time to brush your teeth now, Aunt Sue,' or whatever...."

It's a warm memory, one he regards not as burdensome but as a labor of love. "That's what family is for, to compensate for each others' weaknesses," he said.

And that support system seemed to permeate throughout the entire community. Dr. Downs' hometown of West Point, Ga., a small town on the Alabama state line, was one in which he could take off on his bike in any direction and see familiar faces throughout his trek.

"It's harder to get into trouble in a small town," he laughed. "Everybody watches out for you."

Dr. Downs, the oldest of four children, left the small town briefly, but the small town never really left him.

After high school, he enrolled at the University of Georgia to pursue his love of writing. He majored in journalism, as his father had done a generation earlier. He loved the courses but found himself vaguely discontented.

"I'd go talk to my journalism adviser and say, 'You know, I'd really like to take chemistry or microbiology.'"

The adviser sensed a mismatch, and soon, Dr. Downs concurred. He switched to premed.

His next stop was the Medical College of Georgia. As his involvement with medicine deepened, he knew he'd found his niche. Here was a profession that combined exploring the mysteries of the human body with dealing intimately with people, two skills that he liked the most.

By graduation, he was married and son Will was on the way. His wife, Debra, taught school in North Augusta while Dr. Downs completed an internal medicine residency at MCG.

After his residency, Dr. Downs was lured back home, where his parents and many relatives still live. "But it was actually Debra who made the final decision," he said. "She wanted to live in a small town. I think it's vital that a spouse be happy with where a doctor ends up."

Today, at age 39, Dr. Downs is still in West Point and wouldn't change a thing. He works 50 to 60 hours a week, and in addition to his private patients services the area's two county health departments and three nursing homes. Of course, as is true for many rural doctors, his job doesn't exactly end when he leaves the office at the end of the day. He makes occasional house calls—many of his patients are elderly—and since he knows practically everybody in town, his expertise is often solicited in unlikely places, like McDonald's while he's waiting in line for a hamburger. Does he mind?

"Oh, no," he said, as if surprised that anyone would. "That's part of it."

Of course, he also likes time off with his family. He and his wife are very involved in the lives of Will, Emily and Ellen, their three children. They've been active with their schools, as they are with community affairs. They also spend a lot of time with extended family (a grandmother and great aunt currently live with his parents.) And Dr. Downs likes his private time, which he often spends writing.



★ West Point



Despite his busy practice, he insists he has time to work everything in. He rotates being on call with five other doctors, something of a luxury for a small-town doctor. Plus, a rural area is less conducive to workaholism, he said. "You don't have to worry about commuting an hour to get to the hospital. It's just an easier life."

But he acknowledges that small-town medicine has its own share of problems. Regrettably, the most acute lately seems to be finances. Lanier Memorial Hospital, the site of the bulk of his hospital practice, almost closed recently because of budget problems—the same woes that have dealt a death blow to countless other rural hospitals. But residents rallied together and raised more than \$1 million to keep it open.

Unfortunately, the hospital no longer offers obstetrical or pediatric care. Dr. Downs' sister, Margaret (Mardi), graduated from MCG a year after he did and established an obstetrics/gynecology

Dr. Joseph Downs III with daughter Ellen.



Dr. Downs visits with his grandmother, Ruth Wingate.

practice in West Point. She's since had to move her practice to nearby LaGrange.

But Dr. Downs is confident the hospital will survive in spite of the blows. A new administrator, dedicated staff and loyal residents seem to be turning the tide.

Of course, limited funds also mean limited resources, but Dr. Downs says he has everything his patients need. And, he notes, high technology sometimes pales in comparison to less dazzling forms of medicine, such as getting to know a patient well enough to determine important medical information just by observation, or during the course of a conversation. "I think sometimes tests are done just because they can be done, not because they need to be done," he said.

Besides, he reasons, many technological advances are available to him, and he

refers patients to specialists or referral hospitals when needed, always keeping close tabs on them.

He also holds the hands of those patients who are really beyond medical help. "Sometimes, there's really not much that can be done, but you get to know these people and their families, and it makes you feel good to help them through difficult times. Our local hospice organization has eased some of the pain of terminal illness."

In fact, he said, he never really abandoned his original dream. "I use my communication skills all the time," he said. His infectious, perennial good mood goes a long way toward soothing fears and calming anxiety. He recalls gently informing one elderly patient that she had heart disease.

"She was relieved. She said, 'I've had a lot of friends who ended up with great hearts and no minds,'" he laughed.

Dr. Downs also is careful to respect

his patients' wishes.

"Most of the people around here want the least disruption possible to their lives," he said. "This is a very stoic community; people take care of their own. And there's a real cottage industry of home care, so most older people stay in their homes."

Even some patients in nursing homes often are only there temporarily. "People used to think they went to a nursing home to die," he said. "These days, people go to nursing homes to get better and then go home."

He's shared plenty of heartache with his patients, but he's also shared their victories, helping them be healthy and fulfilled, regardless of what stage of life they're in.

"My sister and I were saying the other day there's nothing we'd rather be doing," Dr. Downs said. "Nothing beats practicing medicine."

—CHRISTINE HURLEY DERISO

HEALTH CARE IN RURAL GEORGIA

Washington ★

A nurse raps on the door, pokes

her head in the office and asks Sara Wiggins, director of nursing at Wells Memorial Hospital, if she can lend a hand in the emergency room.

Later the same morning, Ms. Wiggins' phone rings. A nurse has just heard that her mother is gravely ill. Ms. Wiggins rushes to her colleague's side to console her and offer assistance.

Most nursing directors have little time or opportunity to pitch in clinically or temporarily exchange supervision for friendship. But for Ms. Wiggins, it's all in a day's work.

"That's one nice thing about working in a rural area," she said. "I know all my nurses by name. And I love clinical nursing, and I can do some of that. Sometimes I hold myself back, but other times, it's what's needed."

She's only held the director's title for several months, but has already found that the job seems to suit her beautifully.

Ms. Wiggins didn't realize how much she would love nursing until she began the work. The career choice was more pragmatic than idealistic. Ms. Wiggins, a Florida native and daughter of a Marine Corps fighter pilot, married a boat builder; in fact, their first home was a boat. They're both free spirits and wanted

to be able to travel freely. Ms. Wiggins reasoned that a nursing degree would probably put her to work wherever they happened to end up.

It was icing on the cake that she happened to love the work. After earning an associate's degree, Ms. Wiggins worked in emergency rooms and trauma units from California to Georgia. She loved the





Running the Gamut



Sara Wiggins examines patient at Wells Memorial Hospital.

dizzying pace and the variety. One moment, she was consoling a child with a stomachache. Another, she was helping treat a gunshot victim.

"The blood never bothered me," she said. "After all, blood is a sign of life. You have to look at it that way and not think about the goriness while you're working."

And dealing with life and death has taught her important lessons. "It doesn't make me paranoid, but it makes me careful," she said. "I'm glad I know what happens when you crash at 50 miles per hour. I never get in the car without a seatbelt on, and neither does anybody who rides with me."

In the late 1980s, she, her husband and their daughter, Justina, now 6, bought a small farm in tiny Tignall, Ga. She began working in the Medical College of Georgia emergency room and earning a bachelor's degree in the nursing school. She graduated in 1989 and was offered a job as director of nursing at McDuffie County Hospital in Thomson. She worked there for a year before being offered the position at Wells Memorial in Washington, Ga. She happily kissed the commuting life goodbye and accepted.

She was hesitant about moving into the director's chair, wondering if she'd really be happy supervising nurses instead of patients. But it was a natural evolution.

"They choose you because of your skill," she said, and she never doubted her skill. She also found that she has many more resources to draw on: good rapport with her employees, decisiveness, fairness.

"Sometimes we have a democracy and sometimes I'm the final word," she said.

"Recently, for instance, we had a problem of urine samples not being dated. It's important that they are, so I sent out a memo this morning insisting on it. If I find out it hasn't been done, I'll check into it and see if it was just a one-time error. If not, I'll have to deal with it from there."

Plus, should she ever miss her clinical skills too terribly, she's assured that they're needed if she chooses to pitch in. In a small hospital, every pair of hands is indispensable. Wells Memorial is licensed for 60 beds and operates 47. The staff includes 50 full- and part-time nurses.

"In a big-city hospital, having a nurse call in sick is no big deal. Here, it can be a crisis," she said, noting that the recent deployment of a nurse to the Persian Gulf necessitated major restructuring.

A small staff also makes it hard for Ms. Wiggins to leave her job at the door

at the end of the day. She carries a beeper, which beckons her frequently. Even when she isn't paged, her mind is never far from Wells Memorial.

"My husband is a volunteer firefighter and he got a call recently that the hospital fire alarm had gone off. I scooped up Justina, got her in the car and headed to the hospital. Luckily, it was a false alarm."

Justina is accustomed to such a pace. "Sometimes it's hard; I'd love to be home with her," Ms. Wiggins said. "But she knows this is my work, like school is her work."

And in Washington, everything is within close proximity, so logistics are in their favor. Ms. Wiggins, like all working mothers, simply makes time for everybody—including her farm animals.

"But they don't eat until after I've had my coffee in the morning," she laughed. "They can learn habits just like people can."

It's a good life, she says, and one she urges others to consider. "The nursing school's rural preceptorship program (in which participating students are trained for a quarter at a rural health-care site) is so important," she said. "I did a preceptorship, at this very hospital, in fact, when I was at MCG. It's fulfilling to work where the need is so great."

—CHRISTINE HURLEY DERISO

AlumNews

Alumni Happenings

Editor's note

This column is compiled by Shirley Taylor, director of alumni activities, and Tammy Berry, alumni activities coordinator. It features news about alumni association activities and will be featured regularly in AlumNews.

School of Medicine

The School of Medicine Alumni Association last year initiated programs which enabled the alumni to become better acquainted with MCG medical students. Events were held for each medical school class.

The association sponsored two such events in March, including a reception March 5 in the Alumni Center for sophomore and junior medical students and a reception March 20 for senior medical students. In August, a brunch was held for freshman medical students. About 200 students and alumni attended.

Three or four alumni/student luncheon seminars will be featured this spring for the medical school. The seminars, initiated in the early 1980s by Dr. Betty Wray, allow groups of 20 to 25 medical students to hear alumni from various specialties discuss their fields. Dr. Mason Thompson heads this effort.

The alumni association held a reception March 8 at the Augusta Country Club in honor of medical



The School of Dentistry Alumni Association held its first regional dinner Feb. 1 at the Old Medical College.

school faculty.

Sites and dates for upcoming regional dinners sponsored by the School of Medicine Alumni Association include: Jacksonville, April 17; Savannah, April 19; and a reception during the South Carolina Medical Association annual meeting, April 25.

The recipient of the alumni association's Distinguished Alumnus Award will be honored during the annual alumni banquet during Homecoming May 3 at 7 p.m. in the Old Medical College. Also during the banquet, 1991-92 officers will be installed. Look for more Homecoming news on this page.

The association's board of directors would like suggestions

continued on page 12

Homecoming Scheduled May 2-5

Plans for Homecoming 1991, scheduled May 2-5, are as follows:

Activities for all schools

Homecoming golf tournament at Jones Creek, 4101 Hammonds Ferry Road, Friday, May 3. Arrive by 10 a.m. Tournament begins at 11 a.m. Cost: \$60 per player, which includes lunch, beverages, prizes, green fee and cart. Trophies will be awarded to first-, second- and third-place winners.

MCG Foundation Board of Directors meeting, Saturday, May 4, 1:30 p.m., Old Medical College, 598 Telfair Street.

President's Reception, Saturday, May 4, 3:30-5:30 p.m., the president's house, 920 Milledge Road. Alumni, residents, interns, faculty and friends of MCG are invited. Recipients of distinguished alumni awards will be photographed with Dr. Francis J. Tedesco during the reception.

Allied Health Sciences

The School of Allied Health Sciences Association will host a brunch for alumni and faculty May 4 at 10 a.m. in the Alumni Center. This event will feature the presentation of the distinguished

continued on page 12

Alumni... *continued from page 11*
for members of their 10 committees: the Membership Committee, the Old Medical College Committee, the Scholarship Committee, the Alumni/Student Committee, the Alumni/Faculty Committee, the Young Alumni Committee, the Recognition Awards Committee, the Homecoming Committee, the Physician's Emeritus Club Committee and Out-of-State Alumni Committee. If you know of someone who would serve well on any of these committees, please send your suggestions to Tammy Berry, MCG Alumni Center, FI-1042, Augusta, Ga., 30912. Ms. Berry is the contact for all School of Medicine alumni activities and can be reached at 1-800-869-1113.

Other Schools

The alumni associations of MCG's other four schools have initiated several new programs recently. One of the most noteworthy is the formation of student-alumni councils in the schools of allied health sciences, dentistry and nursing.

The councils match MCG students with alumni in an attempt to foster more communication between the groups and develop mutually beneficial programs. Class presidents are ex officio members and work with their school's alumni association. (The School of Allied Health Sciences' newly formed board of directors, representing the school's seven departments, will interact with the departments' class presidents.) It's so important to provide this linkage. After all, today's students are tomorrow's alumni, and alumnus support is crucial to a school's success. And the council's programs will provide support for students.

The School of Nursing Student Alumni Council, for instance, has begun a series of specialty seminars in which nursing professionals meet with students to discuss their specialties and their careers. The first was held Feb. 20 at the Alumni Center. Speakers included

nurse practitioner Jean Chadwick, clinical nurse specialist Betty Till, nurse anesthetist Brad Littleton and traveling nurse Jennie White, all of MCG. Each gave a brief presentation, then answered questions about their careers. The seminars include a free lunch and all MCG nursing students are invited.

Also in response to student needs, the School of Nursing Alumni Association has begun a student scholarship fund. The first scholarship should be awarded next year. For more information, contact alumni association president Jeanette Brown or Shirley Taylor at 1-800-869-1113.

Good news for MCG alumni: Morris Travel Agency of Augusta has begun offering discounted vacation packages specifically for you. The packages will be advertised in *AlumNews*. (Look for the advertisement in this edition.) Please identify yourself as an MCG alumnus when making travel plans (personal or professional) and Morris Travel will donate a percentage of sales back to the alumni association.

The agency's services include guaranteed lowest available legal fares based on specified travel dates and times; 15 percent to 40 percent off selected cruises; free flight insurance on all airline tickets they issue; free laminated business card luggage tags; preferred supplier discounts on selected cruises and vacation packages; convention and meeting planning services; and group travel discounts and planning service. Their toll-free number is 1-800-634-4302.

Our office also is working with the MCG Division of Continuing Education to offer packages that combine opportunities for continuing education.

In other news, the School of Dentistry Alumni Association held its first regional dinner Feb. 1 at the Old Medical College. The School of Nursing Alumni Association had a regional dinner March 15 at the MCG Alumni Center. More will follow. ■

Homecoming...cont. from page 11

The following Allied Health Sciences departments are planning workshops and/or luncheons for alumni weekend:

Associated Dental Sciences—continuing education program, Friday, May 3, 9 a.m. to 12:45 p.m. Registration: 8:30 a.m.

Medical Technology: Friday, May 3, 8 a.m. to 2 p.m.

Physical Therapy: Saturday, May 4, 8:30 a.m. to 4:30 p.m.

Physician Assistant: Luncheon at Partridge Inn Ballroom, Saturday, May 4, 12-2 p.m.

Dentistry

Class reunions for classes of 1976, 1981 and 1986, Friday, May 3, 6:30 p.m., Princess Augusta Riverboat.

Continuing education program and luncheon, Saturday, May 4 from 8:30 a.m. to 4:15 p.m. in room 1020 of the School of Dentistry. Registration: 8 a.m. Luncheon: 11:30 a.m. to 1 p.m. in the MCG Alumni Center. Guest speaker is Dr. W. Charles Blair of Blair/McGill & Co., who will discuss *Business Aspects of Dentistry: Controlling Office Overhead*.

Graduate Studies

Distinguished alumnus award presentation and lecture, Thursday, May 2 at noon in room 108 of the Robert B. Greenblatt Library. This event will feature the presentation of the distinguished alumnus award.

Graduate studies luncheon, May 2 at 1:30 p.m. in the Murphey Building conference room.

Graduate studies fish fry, Friday, May 3 at 6 p.m. in the MCG Alumni Center.

Medicine

Dean's reception, Friday, May 3, 5-7 p.m., solarium of Old Medical College, 598 Telfair Street.

Alumni banquet and School of Medicine Alumni Association annual meeting, Friday, May 3, 7 p.m., ballroom of Old Medical

College. \$35 per person. This event will feature presentation of the distinguished alumnus award and installation of new alumni association officers.

School of Medicine Alumni Association Board of Directors meeting, Saturday, May 4, 9:30 a.m., Old Medical College small conference room.

School of Medicine Alumni Association and MCG Foundation luncheon, Saturday, May 4, noon, Old Medical College ballroom.

Class of '41 reunion, Calvert's Restaurant, 475 Highland Ave. Chairman: Dr. John Paul Jones.

Class of '46 reunion, La Maison on Telfair, 404 Telfair St. Chairmen: Drs. Lamar B. Peacock and William L. Bridges Jr.

Class of '51 reunion, Sheraton Augusta Hotel, 2651 Perimeter Pkwy. Chairman: Dr. George F. Green.

Class of '56 reunion, Sheraton Augusta Hotel, 2651 Perimeter Pkwy. Chairman: Dr. Charles D. Ray.

Class of '61 reunion, Pinnacle Club, First Union Bank Bldg. Chairman: Dr. John C. Mitchell.

Class of '66 reunion, Old Medical College, 598 Telfair St. Chairman: Dr. Talmadge A. Bowden Jr.

Class of '71 reunion, Sheraton Augusta Hotel, 2651 Perimeter Pkwy. Chairman: Dr. Joseph L. Mulherin Jr.

Class of '76 reunion, Sheraton Augusta Hotel, 2651 Perimeter Pkwy. Chairman: Dr. H. Frank Farmer Jr.

Class of '81 reunion, Princess Augusta Riverboat, 5th St. dock on the Savannah River. Chairman: Dr. Donald R. Nelson.

Class of '86 reunion, Princess Augusta Riverboat, 5th St. dock on the Savannah River. Chairman: Dr. Kay M. Mitchell.

A dinner for alumni who are not having a class reunion will be held at the Pinnacle Club in the First Union Bank Building at 7 p.m. Saturday, May 4 and is \$40 per person.

Emeritus Club luncheon,

continued on page 22

Allied Health Sciences



Grace Yrizarry

Ms. Yrizarry Finds Niche as PA

Christine Hurley Deriso

Grace Yrizarry was sure of two things while she was struggling to make a career choice at the University of Georgia: One, she wanted to be a doctor.

And two, she didn't want to be a doctor.

Or something like that.

"I was actually in premed at the University of Georgia," she said. "But it just started seeming like being a physician—having so much time away from life, what with all the education and demands of the profession—wasn't what I wanted to do."

Her adviser suggested the nursing field. But no.... That wasn't quite right either. All she really knew for sure was that health care for was her, preferably allowing her an autonomous career without sacrificing all her spare time to achieve it and carry it out.

It was about that time that she got wind of the physician assistant program at the Medical College of Georgia. She learned that the field—one she'd never

even heard of before—offers many of the same opportunities available to a physician, but with considerably fewer demands. Perfect. She applied.

She began the program in 1985 and almost immediately realized she'd found her niche. The first year of the PA program in the MCG School of Allied Health Sciences is spent in the classroom, learning anatomy, physiology, biochemistry and other pertinent sciences.

"We have to learn a lot of medicine in a short period of time," she said. In the second phase, students begin six-week rotations, learning about medical specialties and narrowing down their preferences. The third—and final—phase is spent immersing oneself in a specialty, training that culminates in a preceptorship. Ms. Yrizarry chose the field of mental health.

"How the mind works is such a fascinating, unusual area," she said. When you work in mental health, it's one-on-one, with a lot of communication and interaction with the patients."

She completed a 12-week internship at Charter Peachford Hospital in Atlanta, working with mentally disturbed youths. She then worked with an internist for four months in Atlanta, her hometown, but was drawn back to the mental-health field. In 1987, she began working as a physician assistant at Georgia Regional Hospital, a state-supported psychiatric hospital in Augusta, and has been there ever since.

Ms. Yrizarry works closely with a health-care team—physicians, nurses, social workers—but is encouraged to be an independent decision-maker. She provides physical examinations and medication maintenance for the patients. She also attends weekly meetings to help assess patients' progress and even writes prescriptions, which a

physician must co-sign.

"What I really like is being a liaison between the doctor and patient by bringing all the technical and medical information to the patient's level," she said. "I like it here. I like the group I work with at the hospital."

She also likes her patients. "Where I work, the patients are so different and so interesting." And she's gratified to witness their progress. "Our goal is to get them out of the hospital," she said.

She's also thrilled that the general public seems to be more enlightened these days about her work.

"Nobody I knew had ever heard of physician assistants when I was starting out," she said. "Now I'll tell someone I'm a physician assistant and they'll say, 'Oh! A PA.'" Her family is catching on, too. "Of course, they've always been proud of me, but now that they see what I do, the respect has grown."

She anticipates calling Augusta home from now on, barring any unforeseen circumstances. "The town is growing enough that I feel the opportunities will always be here," she said. "I'm very pleased with the path I've chosen. I feel it was meant for me, what I was called to do."

A Message from the Alumni Association

*Grace Yrizarry, P.A.C.
Vice President, Allied Health Alumni Association*

The Allied Health Alumni Association is working hard for you. Our New Year's resolutions included becoming a more visible and active part of the MCG experience. We

have elected new officers to the association as well as created a board of directors to assist in the preparation and production of our goals. In addition, we hope to have the vice president of each current student class as a liaison between the alumni and student body.

We are also preparing for the school homecoming events. Highlighted in the alumni activities is the annual Distinguished Alumni Award, presented to the MCG graduate whose professional and personal life provides a role model to us all. Please join us in the Alumni Center Garden Room on Saturday, May 4, from 10–11:30 a.m. (Cost: \$5.)

Our association would like to see:

- application of dues toward student projects or other school needs
- sponsorship of programs to benefit the school and community
- increased membership in both number and activity.

We thus challenge you to become an active member of both your individual alumni group as well as the MCG Allied Health Alumni Association. Make our New Year's resolution part of your own! ■

Class Notes

Kay Jackson Merriweather (medical record administration, '78), was elected the 1991 president of the Greater Atlanta Medical Record Association. The association has a membership of more than 140 RRAs, ARTs and other medical record practitioners. Ms. Merriweather is a member of Trinity CME church.

Stacey Blissett Boyd (medical technology, '90), Daleville, Ala., is a generalist in microbiology, chemistry, blood banking and hematology at Humana Hospital in Enterprise, Ala. She married Lt. Terrell Boyd, a graduate of the U.S. Military Academy at West Point, on July 14. He is stationed at Ft. Rucker, Ala. ■

Researcher Says Hype Fueling Mercury Scare

Ingrid Heggoy

People claiming cures for everything from cystic fibrosis and seizures to emotional problems and acne are making headlines in the national media, blaming it all on mercury-containing fillings in their teeth.

But their claims of mercury poisoning just don't hold up under any type of scientific research, according to Dr. Rodway Mackert, professor of dental materials at the Medical College of Georgia and a nationally recognized expert on amalgams. Amalgam has been used to restore teeth for over 150 years.

"Their 'proof' is mainly anecdotal evidence and some very flawed studies," he said. "It just doesn't stand up under any scientific investigation—none of it. And, obviously, millions and millions of people have amalgam fillings with no ill effects."

The anti-amalgamists are concerned about the mercury found in amalgam used to fill teeth. They say this mercury poisons the immune system, leading to a wide variety of symptoms in many people.

"It is true that a very small amount of mercury can revert back to elemental mercury from the compounds formed in amalgam," Dr. Mackert said. "And small amounts of this may be vaporized and inhaled, and some of this can then be absorbed by the body. But the human gastrointestinal tract can't absorb elemental mercury, so any that is swallowed doesn't have an effect."

And no one has shown that

the small amounts of mercury released matter to anyone's health. Also, those amounts have been shown to account for only a small percentage of the mercury the average person is exposed to.

Mercury exposure from eight fillings averages about 1.2 micrograms a day, according to Dr. Mackert. In comparison, the Environmental Protection Agency estimates Americans take in about 25 micrograms a day, mostly through diet, so removing fillings wouldn't substantially reduce mercury exposure.

"Most of the mercury people are exposed to comes from their diet, because mercury works its way up through the food chain," Dr. Mackert said. "If you compare one seafood meal per week to a whole mouthful of fillings, you'd get about seven times as much mercury from the seafood. And that's only a small percentage of what's considered safe."

A small percentage of the population, approximately 3 percent, truly is allergic to mercury. However, only about 20 percent of these people, or about three-fifths of 1 percent of the total population, show symptoms of mercury allergy. Less than 50 cases of mercury allergy have been documented since 1905.

And a study by Dr. Mackert published in the March *Journal of the American Dental Association* found that the immune systems of patients with amalgam fillings are as healthy as those of patients without the fillings.

"We studied the effect of the presence or absence of amalgam on the immune system, measured by some of the most important white blood cells," he said. "We found no difference in white blood cells in the patients with amalgam and those without, and we looked not only at just the numbers, but we ran several statistical tests to pick up subtle differences and still found nothing."

And Dr. Mackert pointed out that the 'miracle' cure claims after amalgam removal weaken the argument that mercury is the culprit.

"These 'miracle' cures immediately show that mercury isn't the problem, because mercury is excreted from the body very slowly. You couldn't be 'cured' the next day," he said. "Not to mention the fact that removing the fillings will release mercury, so you actually increase your exposure and expect to find higher levels of mercury in the blood for several days after removal."

As for the anti-amalgamists' claims that many people are hypersensitive to mercury and therefore experience symptoms at much lower doses, Dr. Mackert points out that the proof again isn't there and that the methods used to detect sensitivity aren't appropriate.

Some anti-amalgamists support using a skin patch test with a mercury agent not recommended for allergy testing by the North American Contact Dermatitis Group. This may cause skin irritation and doesn't necessarily indicate a true allergic reaction to mercury. It also has no relevance to toxicity. And they use a device

designed to detect mercury in a room to measure it inside the mouth, a function the device is not designed for, and the results are wildly inaccurate, he said.

"They use the term 'hypersensitivity,' which refers to skin symptoms, such as itching or a rash," he said. "What they are trying to say is that they are measuring an increased risk for toxicity. But they're using a skin patch test to measure supposed internal toxicity. The two just don't correlate."

The cure anti-amalgamists recommend is replacement of all mercury-containing fillings with either gold or a composite material. Economically, gold isn't a reasonable choice: a single gold filling costs between \$300 and \$1,000. Composites, which are cosmetically appealing because they are tooth-colored, also have problems, especially when used in molars.

"Composites, made of a polymer and an inorganic filler—in other words a plastic and another substance, usually powdered glass—last only about half as long as amalgam," Dr. Mackert said. "This is true not only because they don't stand up to

Dr. Rodway Mackert



the grinding as well, but also because the polymer actually undergoes a chemical breakdown from exposure to saliva, acids in foods and other substances.

"And replacing amalgam fillings requires removing more of the tooth, which can actually leave the patient with a much weaker tooth, more prone to other damage, and a lot of money out of their wallet," he said.

"The real losers in this are not going to be the dentists. All the people who are going to have their amalgam fillings out are going to be the losers. They don't know whom to believe. I think it's really unfortunate." ■

Alumnus Makes Third Career of Dentistry

Ingrid Heggoy

When Eddie Johnson was growing up in Dallas, he wanted to be an architect. In fact, he did a drafting for a high school project that won second place in the state fair. He drafted a dental office.

"I guess it was kind of a prediction," he said. "I'd always been interested in dentistry, too, but I didn't ever think then I'd go into it."

He majored in architecture at the Tuskegee Institute, and after graduation worked as an architect in Baltimore, helping develop the inner harbor project there.

But he was soon called into the military, and his career took several sharp turns. He became an Army helicopter pilot in Vietnam.

"At first they were going to train me to be a tank commander, but then I was offered a position as a pilot. I took a look at how many tanks were getting shot, and decided flying looked like a



good idea," he joked.

But it wasn't without dangers, too. Helicopters he piloted were shot twice, and shot down one of those times.

He remained in the Army after returning from Vietnam, and was stationed at Fort Gordon in Augusta in 1973 for training when he met Dr. Carl "Hoodie" Davis, then associate dean for students at the Medical College of Georgia School of Dentistry. He decided to go into dentistry, and after serving in Korea for a year, was discharged from the Army and enrolled at Augusta College for classes he needed for acceptance at the MCG School of Dentistry.

"I thought that at the age I went back to school, 33, I'd be over the hill, but I found out in many ways that I had an advantage, being more mature and knowing what I wanted to do," he said. "And I found out I wasn't the only one. There were several other people in my dental school class who were Vietnam vets, even a couple of other pilots."

Deciding to go back to school when he had a wife and three children wasn't an easy decision.

"Before I started back, I had a real heart-to-heart talk with my wife about it," he said. "I had to shift my emphasis for a time to my studies. She was a little reluctant at first, but she was very supportive. It took a lot of self-confidence, and she had to have

Dr. Eddie Johnson

a lot of confidence in me, because of course there was no guarantee that I would even get into dental school."

After graduating from dental school, he originally planned to return to Texas to practice.

"I planned to stay in Augusta for about a year because my oldest son was beginning his senior year in high school and I didn't want him to have to move," he said. "So I started a practice out here in south Augusta. That was in 1982, and I'm still here. I think Augusta kind of grows on you."

He used his background in architecture and city planning to complete a demographic study of Augusta, and based on the results, built his office in south Augusta, on U.S. 1 close to Fort Gordon. He said he spend a few sleepless nights, wondering about starting a practice so far from the center of town, but it was a gamble that paid off.

Dr. Johnson's practice is a success, and innovative ideas such as evening hours have helped.

"When I first moved out in this area, a lot of my patients had a hard time getting here because their jobs didn't allow them to take off from work," he said. "The only time I'd see them was for an emergency or when they were really in pain. I saw a need for

more flexibility in when they could see me, because when it comes to a choice of your teeth or your job, supporting your family, people just aren't going to make appointments with their dentist."

As for the long hours, Dr. Johnson feels that comes with his nature and the profession.

"I guess I've always felt the need to be busy," said Dr. Johnson, who also serves as treasurer for the School of Dentistry Alumni Association. "Maybe you could call me a workaholic. I've always had a feeling that if you really want to achieve a goal, and you want to achieve it honestly, it involves hard work. And I think it's been worth it for me." ■

Mr. Adams Named Assistant Dean

Bryan L. Adams has been named assistant dean for business operations at the Medical College of Georgia School of Dentistry. He began in December.

He replaces Ray Lackman, recently retired associate dean for administration.

Mr. Adams has been with MCG for 15 years, first as an accountant in the comptroller division, then in hospital financial management, then as an assistant comptroller for cashiers, student loans and equipment accountability, and from 1985 to 1990 as assistant dean for payroll and financial accounting before taking over as assistant dean. ■

Class Notes

Dr. S. Craig Taylor ('80), Monroe, Ga., practices general dentistry in Monroe and was elected to the Monroe City Council Nov. 6. ■

Graduate Studies



Dr. Stanley Cohen,
Vanderbilt University

Research Symposium Slated May 17-18

The Medical College of Georgia School of Graduate Studies will sponsor the first annual University System Symposium May 17-18 at the Old Medical College.

The symposiums will draw scientists throughout Georgia, especially those affiliated with university-system institutions, to update each other on their research and explore possible collaborations, according to Dr. Lowell M. Greenbaum, dean of graduate studies and vice president for research at MCG.

The theme of this year's symposium is *Biomedical Research Brings A Better Quality of Life*.

The guest speaker will be Dr. Stanley Cohen, distinguished professor of biochemistry at Vanderbilt University and a Nobel prize winner for his work on epidermal growth factor. Dr. Cohen, who earned a Ph.D. in biochemistry from the University of Michigan, is a member of the Board of Scientific Counselors, the American Society of Biological

Chemists and the International Institute of Embryology. He is an honorary member of the International Council for Scientific Development and the International Academy of Science and is on the editorial board of the *Journal of Cellular Physiology*.

The symposium will begin May 17 at 1 p.m. with a welcome from Dr. Francis J. Tedesco, president of MCG. Dr. Cohen will speak at 1:30 p.m. Visiting scientists will present their research at 2:30 p.m. At 3:45 p.m., a panel will discuss the impact of research on society. A reception and social hour will be held at 6:30 p.m., followed by a 7:15 p.m. banquet.

Activities will begin May 18 at 8:30 a.m. with scientific oral presentations by faculty and graduate students, followed by poster sessions at 10:30 a.m. The seminar will conclude with a luncheon at 12:15 p.m.

Scientists from throughout Georgia are invited to attend. For more information, contact Dr. Greenbaum at (404) 721-3278. ■

Alumnus Finds Niche in Classroom

Christine Hurley Deriso

Dr. John B. Black never really gave much thought to teaching until fate began to pull him into the classroom.

He was a medical student at the Medical College of Georgia when he woke up in his dorm one morning, opened his eyes and realized he was suddenly blind.

His roommate rushed him to the MCG eye clinic.

"I'll never forget it. Dr. John

Fair examined me and within five minutes said, 'I'm telling you, you will see again.'"

It was quite a morning: first the apparently perfectly healthy student awoke to blindness (soon attributed to optic neuritis), then was told he'd be okay. But the doctor prescribed rest. Dr. Black left MCG temporarily and went home.

While recuperating, his mother received a call from a friend—the principal at an all-girls' school—saying the science teacher had quit. She knew her friend's son majored in chemistry in undergraduate school and was home temporarily. Could he fill in?

Dr. Black, whose sight gradually had returned over the weeks, checked with his doctor, who approved. "I warned the principal that I couldn't see well enough to do things like grade papers. She said, 'All I want you to do is teach. We'll get teachers' assistants to take care of the rest of it.' So I started teaching, just like that," Dr. Black said. "I was the first male teacher ever at this school."

And he liked it. But he realized it was only a pitstop. Within a few months he was completely healed and returned to MCG, this time as a graduate student in endocrinology, where he loved exploring the mysteries of the reproductive system with Dr. Virendra Mahesh, the teacher he worked with most closely.

In 1969, his last year of school, fate stepped in once again. One day in class, one of Dr. Black's professors casually mentioned that he was going to discontinue teaching a biology class at Augusta College. Dr. Black was a typical college student—forever in need of extra money. So after class, he headed for Augusta College and inquired about the biology position he'd heard was vacant. He was hired.

Dr. Black graduated from MCG that spring and retained his position at Augusta College. Twenty-two years later, he's still there and enjoying every minute of it. "I think the bottom line is that I like to teach," said Dr. Black, professor of biology and

president of the MCG School of Graduate Studies Alumni Association. "That's what you get to do at Augusta College."

He's thoroughly proud of his students, noting that many go on to MCG or other institutions to earn doctorates. He loves supervising their progress, enhancing their enthusiasm, working with them on research projects.

He also loves doing his own research, so when he was asked to set up an in vitro fertilization lab at a Charleston, S.C., hospital in the early 1980s, he accepted. First, he determined the efficacy of such a project by visiting and learning from other labs that specialize in helping couples reproduce by combining egg and sperm in a test tube, then transferring the fertilized egg into the mother's womb. He learned enough to become director of the Charleston lab, a position he maintained while also teaching full time at Augusta College. His schedule was brutal.

"I remember driving to Charleston at midnight, doing lab work at four in the morning, and driving back to Augusta in time to teach a class at 2 that afternoon."

His adrenaline kept him going—it was a labor of love—but he knew he couldn't maintain the momentum forever. After two years of bouncing back and forth, he knew he had to give up either the lab or Augusta College.

"It was a tough decision, but I had a son in high school who was doing very well. He was making good grades, he was on the soccer team, he had nice friends... He thought Charleston was a nice place to visit, but he didn't want to live there."

That was the deciding factor for Dr. Black. He helped find a successor to direct the lab, then bade it goodbye.

Dr. Black has no regrets. Augusta is home, and he's enjoying his students as much as ever. Plus, he helped establish Xytex, a local sperm bank, so he's still involved with assisted reproductive techniques.

He also has time these days to devote to his family, his top prior-

ity. That time became more precious than ever when his and his wife's only son was diagnosed last year with rhabdomyosarcoma, a soft tissue tumor.

"It was quite a shock," Dr. Black said softly. "He'd gone off to college in the best physical condition of his life. He's always been a great athlete, built like a rock."

The past year has been a whirlwind of doctors' visits and hospitalization. After intensive chemotherapy which shrunk the tumor, a recent scan determined that the tumor had returned.

He and his family are taking things one day at a time and cherishing the present. "Something like this really puts things in perspective," he said. "It makes everything else seem very unimportant."

He's also developed a keen appreciation for friends, whom he said have done so much for the family this past year. "I have great admiration for Dr. (Francis J.) Tedesco. He is very unpretentious and seems to truly care. He visited my son several times in the hospital and has kept in touch since. Those things mean a great deal. My wife and I wouldn't have made it without all the friendship and kindness we've been shown." ■

Editor's note: Dr. Black's son died in March.

Dr. Mahesh Named to Order of Merit

Dr. Virendra B. Mahesh, chairman of the Medical College of Georgia Department of Physiology and Endocrinology, has been elected a member of the International Order of Merit, an honorary order of the International Biographical Centre in Cambridge, England.

The International Biographical Centre, celebrating its 30th

anniversary this year, has published 25 Who's Who publications in more than 100 editions including some 750,000 biographies. Its order of merit has 500 members worldwide, selected by the centre's board based on professional excellence.

Dr. Mahesh was selected for services to the field of reproductive biology. ■

Cell and Molecular Biology Divided into Two Departments

Christine Hurley Deriso

The Medical College of Georgia Department of Cell and Molecular Biology has been divided into two separate departments.

The new departments, which began operation Jan. 1, are the Department of Biochemistry and Molecular Biology and the Department of Immunology and Microbiology.

"The reason for the change is that the activities and disciplines within the old department had become diverse," said Dr. Gregory L. Eastwood, dean of the MCG School of Medicine. "They had developed over the past 20 years to the point that it was necessary to recognize the unique discipline of immunology."

"We want a strong basic-sciences basis in immunology to bolster our clinical program," he said. "We see ourselves becoming much more involved in transplantation and other areas related to immunology."

MCG plans to begin bone marrow and pancreas transplantation programs in the next school year.

Dr. Titus H.J. Huisman, chair-

man of the Department of Cell and Molecular Biology from 1976 until 1990, will remain on the faculty as a professor of biochemistry and molecular biology.

"Dr. Huisman has had a remarkable record as a scientist," Dr. Eastwood said. "He's had 31 years of continuous funding from the National Institutes of Health, and that funding is still going on, so he's made quite a contribution."

Dr. Fred Leibach, professor of biochemistry and molecular biology, is the department's interim chairman. Dr. Robert W. Caldwell, chairman of the Department of Pharmacology and Toxicology, is chairman of a search committee to find a permanent chairman. Dr. George Brownell, professor of immunology and microbiology, is interim chairman of the department. Dr. Margaret Kirby, Regents professor in the Department of Anatomy, is chairing a search committee to fill that position permanently.

"Both search committees have been very active," Dr. Eastwood said. "We've received over 40 applications in both searches, and I'm very impressed with the quality of the applicants. I'm confident we'll get first-rate scientists as chairmen."

The departments have a total of about 30 faculty members, but Dr. Eastwood expects that number to increase as the programs develop. ■

A Message from the Alumni Association

Approximately 200 alumni faculty and students participated in the graduate school's Homecoming activities last spring. Distinguished alumnus award recipient Dr. Lynda Gayle

Littlefield (anatomy, '68) discussed "Cytogenetic Techniques in Mutagen Testing" during Homecoming activities, which was enthusiastically received by an overflow audience.

Gayle, a senior scientist and director of cytogenetics at Oak Ridge Associated Universities and adjunct professor of biomedical science at the University of Tennessee, was introduced by then-alumni association president Dr. Dave Welter (anatomy, '71) and presented with a plaque by graduate school Dean Lowell M. Greenbaum.

Homecoming Friday began with the always-entertaining student parade followed later in the afternoon by Dr. Tedesco's reception at the newly redecorated president's house on Milledge Road. After the reception, the graduate school converged poolside at the Alumni Center for Dave Welter's famous fried fish and fixings. Dave, Carol Lapp, Ray Rufo, John Peduto, Ken Roper and several others produced a meal to be remembered: fish, hushpuppies, cheese grits, hobo beans and plenty of cold beer. It was a fun-filled evening, and we plan to do it again this year. Mark your calendars and let's double the number of fish Dave has to catch. Homecoming 1991 is scheduled May 2-5.

Dr. James O. Ellegood (endocrinology, '59) retired from the Department of Physiology and Endocrinology Oct. 31. The board of directors hosted a luncheon at the Partridge Inn and presented Jim with a set of commemorative MCG crystal. Jim was a loyal supporter of the alumni association and was treasurer and a member of the board on several occasions. Jim has returned to his native Kentucky and is building a house on land near his original home. We all wish him well. ■



Dr. William C. Collins

Dr. Collins Named Foundation President

Dr. William C. Collins, a graduate of the Medical College of Georgia, has been elected to a three-year term as president of the Orthopaedic Research and Education Foundation.

Dr. Collins, of the Northside Orthopaedic Clinic in Atlanta, is a member of the American Medical Association's House of Delegates and the Board of Councilors of the American Academy of Orthopaedic Surgeons. He also is president of the Medical Association of Georgia and first vice president of the MCG Foundation Inc.

The Orthopaedic Research and Education Foundation was formed in 1955 by members of the specialty to support research designed to expand the scientific base of orthopaedic practice.

Dr. Collins was elected a trustee of the foundation in 1985 and vice president-development in 1988, in which capacity he supervised fund-raising campaigns. In 1990, the foundation

raised \$3.55 million from physicians, patients and orthopaedic manufacturers and suppliers. ■



Dr. Richard L. Borison

Dr. Borison Named Psychiatry Chair

Toni Baker

Dr. Richard L. Borison, professor of psychiatry and pharmacology at the Medical College of Georgia and chief of the neuropsychopharmacology section and the psychiatry service at the Department of Veterans Affairs Medical Center in Augusta, has been named chairman of the MCG Department of Psychiatry and Health Behavior.

The new chairman earned his doctorate in pharmacology from the University of Health Sciences' Chicago Medical School and his medical degree from the University of Illinois Abraham Lincoln School of Medicine.

Dr. Borison completed his psychiatry residency at Illinois State Psychiatric Institute in Chicago in 1981 before coming

to Augusta to create the neuropsychopharmacology section at the VA. He also created and directs a psychopharmacology fellowship as a joint effort of the VA and MCG.

"In my judgment, he was the best person because, in a sense, he combines the best qualities of an insider and an outsider," said Dr. Gregory L. Eastwood, dean of the MCG School of Medicine.

Dr. Borison's decade of experience at MCG and the VA combined with his extensive involvement with national and international research, study and professional groups gives him this dual perspective, the dean said.

"The way academic psychiatry is going, it's much more of a biologic science now than it has been," Dr. Eastwood said. "That is one of the directions he is going to bring the department. But at the same time he is going to recognize the history of the department, the value of the people and he is going to be very supportive, I think," Dr. Eastwood said.

Dr. Borison's subspecialty is neuropsychopharmacology, which is essentially biological psychiatry that focuses on such aspects as the effects of drugs on the mind or behavior.

"It's trying to understand the biochemistry of emotion and mental illness and the use of medications to try to put back into balance that altered, underlying biochemistry," Dr. Borison said.

As chairman, Dr. Borison will reorganize existing faculty and facility resources and recruit new ones to create further subspecialization in the department with sections that focus on areas such as eating disorders, sexual dysfunction, mood disorders, panic disorders and psychosomatic disorders.

"You need to be able to develop areas of specialization so the department can act as a resource for physicians in the community, the state, the region or even for physicians in the country," Dr. Borison said.

He sees the psychiatry resources in Augusta—including

MCG, the VA, Georgia Regional Hospital and Charter Hospital of Augusta—as an ideal setting for further development of such programs. And he sees psychiatry programs and the department developing in a way that will mesh with and strengthen MCG School of Medicine missions of research, patient care and education, he said. ■



Dr. John H. Robinson III

Dr. Robinson Named Distinguished Alumnus

The Medical College of Georgia School of Medicine Alumni Association has named Dr. John Howard Robinson III the school's 1991 distinguished alumnus.

Dr. Robinson, a native of Montezuma, Ga., earned a bachelor's degree from Emory University in Atlanta and a medical degree from MCG in 1938. He began a private practice in Americus, Ga., after serving in World War II following medical school.

Among the now-retired physician's patients were former President Jimmy Carter and his family.

Dr. Robinson was chief of surgery at the Americus and Sumter County Hospital during his practice and directed the

Americus Tumor Clinic, one of the first state-aid tumor clinics in Georgia.

Dr. Robinson is a fellow in the American College of Surgeons, the Southeastern Surgical Association and the International College of Surgeons. He is a member of the Southern Medical Society, the Georgia Surgical Society and the American Medical Association.

Dr. Robinson was a member of the University System of Georgia Board of Regents from 1972 to 1986 and of the Americus City School System Board of Education for 14 years. He is a past member of the MCG Foundation Inc. Board of Directors and a life member of the MCG School of Medicine Alumni Association. He served as team physician for the University of Georgia Bulldogs and was awarded the Georgia Varsity "G."

Dr. Robinson will be presented the distinguished-alumnus award during the alumni banquet and School of Medicine Alumni Association annual meeting May 3 at 7 p.m. in the ballroom of the Old Medical College. ■

Dean's Interlude

Dr. Gregory L. Eastwood

In the last Dean's Interlude (winter 1991), I indicated that the number of applicants to U.S. medical schools was on the rise, reversing a trend that began nearly 15 years ago.

In the mid-1970s, the ratio of applicants to available first-year medical-school positions nationwide was almost 3-to-1. That ratio had fallen to about 1.7-to-1 in 1988. Over the past two years, the number of applications across the country has risen some 15 percent. This year, the ratio of the class entering in the fall of 1991 will be about 2.1-to-1.

Here at the Medical College of Georgia, the news is even better. Our medical-school applications this year have exceeded 1,100, nearly 50 percent more than two years ago. To what can we attribute this apparent increased interest in the School of Medicine at MCG?

Much of the credit must go to Dr. Mary Ella Logan, associate dean for admissions. Dr. Logan has diligently visited the undergraduate colleges and universities that send us students and has spread the good word about MCG. She, other members of the Admissions Committee and students also contact our applicants to express a personal interest in them. Also, I like to think that all the good things we are trying to do here at MCG are getting back to premedical students and their advisers, which somehow enhances the image of MCG and helps establish the school as an attractive choice for applicants.

The demographics of medical school applicants have changed dramatically over the past 30 years. Formerly, the typical medical-school applicant was a white male who was just about to finish college. Now, 40 percent of the applicant pool is female, and about 10 percent of the applicants are underrepresented minorities. Further, we are seeing more people who have delayed application after graduation from college or who have come to us from other careers. These demographic changes, of course, are reflected in medical-school classes across the nation and among young and mid-career practicing physicians.

How can alumni participate in the selection of MCG School of Medicine students?

I regard our alumni as an important resource in the vital process of attracting and retaining applicants to our medical school. The Admissions Committee especially needs first-hand information about applicants and their suitability to become physicians. Alumni are welcome and encouraged to transmit their views about

particular applicants to Dr. Logan or me. That does not mean we are inviting alumni to influence the selection process inappropriately, nor should alumni expect that. The deliberations of the Admissions Committee and the process of selecting our medical students is functionally autonomous and separate from political, administrative and other special interests. Nevertheless, we seek and value information about our applicants from those who know them.

Alumni can help us in another important aspect of attracting able students to MCG. Last year, we offered 291 applicants the opportunity to attend this medical school. The entering class consists of 180 students. Compared to many other medical schools, some of which must make offers to a number of applicants that equal two to three times the number in their entering class, our record is good. On the other hand, 111 good students—students we wanted to come to MCG—went elsewhere. We want to retain those people, and alumni can help us. If you are willing to speak to accepted applicants who live in your area about MCG, we'd like to hear from you. Please contact Dr. Logan in the Office of Admissions at 404-721-4792, or me at 404-721-2231.

The future is bright at MCG and we want alumni to help contribute to it and to share in it. ■

Class Notes

Dr. Thomas Little, Easton Pa., has been elected a fellow in the American College of Cardiology. He is in private practice with Two Rivers Cardiology Associates in Easton, Pa.

Dr. Edmund Krekorian ('57), Aurora, Colo., professor of otolaryngology/head and neck surgery at the University of Colorado Health Sciences Center, was recognized for excellence in clinical teaching by the class of 1991 and the Medical Student Council. He was selected out of 90 instructors nominated on the basis of outstanding teaching ability, demonstrated excellence in his clinical field and exemplary patient care.

Samuel Goodrich visited with **Col. Charles "Big Charlie" H. Edwards ('61.)** Charlie is director of Base Medical Services at Robins Air Force Base in Warner Robins, Ga. He completed his residency in psychiatry at Emory University and has served as director of mental health in Atlanta and Charlotte, N.C. He has specialized in flight medicine and psychosomatic medicine since serving in the U.S. Air Force. Charlie has enjoyed traveling with the Air Force. He has two sons and two daughters. His youngest daughter is enrolled at Georgia State University. Charlie hopes to make the 30th reunion in May.

Dr. Mark J. Eanes ('82), Valdosta, has been elected the 1991 president of the South Georgia Medical Society. He was chief of ophthalmology at South Georgia Medical Center in 1990. ■



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New Nursing Dean Right at Home at MCG

Christine Hurley Deriso

Dr. Vickie Lambert looks right at home as she shuffles papers on her tidy desk, chats with her administrative assistant, greets faculty by name as they pass in the hall.

One would think she's an old hand as dean of the Medical College of Georgia School of Nursing.

Actually, Dr. Lambert has held the post only since July. The fact that she already seems so natural in the role is a testament to some of her more striking characteristics: she's a model of efficiency and a master adapter.

She comes by the former naturally. Dr. Lambert, a Nebraska native, always excelled. Her drive and self-confidence seemed to ensure from an early age that she'd do well in any field she chose. It was just a matter of choosing the field.

It was her great aunt, a nurse, who cemented the choice. "She was probably my biggest influence," Dr. Lambert said. "I was quite taken by her independence and sense of purpose. I decided to be a nurse by the time I was in eighth grade and never really changed direction."

After high school graduation, it was on to the Mary Lanning School of Nursing (now closed) in Hastings, Neb. She realized immediately that the field was for her, despite a brief period of acclimation. "The first time I saw sutures removed, I almost passed out. But I didn't feel so bad after I had to pick a medical student off the floor for the same reason," she laughed.

She earned her diploma, but around that time, the American Nurses Association had begun to discourage the continued growth of non-degree programs. The association wanted nurses to be college-educated and to earn degrees comparable to those in other professions.

So Dr. Lambert proceeded directly to the University of Iowa, where she earned a bachelor's degree in nursing. She then worked as a staff nurse in Iowa, then was promoted to head nurse. A couple of years later—1968—Dr. Lambert was named an assis-

sioning there, earning a master's degree in psychiatric-mental health nursing.

The couple's next stop was Oakland, Calif., and Dr. Lambert began doctoral studies at the University of California in San Francisco. "At that point, I knew that in order to stay in academia, I needed to get a doctorate," she said. She pursued the field of psychosocial aspects of physical illness, taking daughter Alexandra along to the library. "Lexy started to go to the library at age 4 and sit among the medical students. We teased them that she was an early admission," Dr. Lambert said.

She and her husband also began writing together at this point, co-authoring a book titled

a real emotional attachment to the first three graduates (who graduated last year)."

In 1985, her husband was transferred to Walter Reed Army Medical Center in Washington, D.C., while Dr. Lambert coordinated the nursing doctoral program at George Mason University in Fairfax, Va. Mr. Lambert retired from the military in 1988 and began doctoral studies at the University of Maryland. In 1989, the family moved to Cleveland, where Dr. Lambert worked as associate dean of the Case Western Reserve School of Nursing.

And just as they settled in, busy remodeling an old house, MCG beckoned. When the school offered her the position as dean, did she hesitate?

"No. When the offer came from MCG, there was really no question that it was the right thing to do."

As she reflects on the long and winding road she traveled to get here, Dr. Lambert has no regrets. "All the moves were really to my advantage," she said. "I've worked in both private and public schools, and it's given me a very eclectic view of nursing education. And I literally worked myself from the ground up. I think that gives me a healthy understanding of the different levels of nursing and administration."

She and her family live in Thomson, Ga., midway between Augusta and MCG's satellite School of Nursing in Athens. Her husband is almost finished with his doctoral studies and has a private practice in psychiatric-mental health nursing. Her daughter is a sophomore at Florida State University majoring in hospitality administration.

And Dr. Lambert is busy being dean. "What I'm really focusing on right now is working with the faculty to refine the undergraduate program," she said. "I also plan to focus on research and work closely with the alumni. That's a group of professionals we haven't even begun to tap."

I think the growing collaboration among the five schools is extremely exciting. Plus, we have some real shining stars on this faculty, and the faculty is really pulling together as a unit and a team. There are so many wonderful things in the growth process at MCG. To be a part of that is very exciting.

— Dr. Vickie Lambert

tant in instruction at the University of Iowa. It was a pivotal point in her life, her first taste of teaching. And she absolutely loved it.

"Boy, at that point, I knew I was hooked," she said. "I really liked it. I liked the students and the challenge of new knowledge."

But she knew she couldn't progress in academia without more education. Her next stop was Case Western Reserve University in Cleveland, where she earned a master's degree in medical-surgical nursing. It was there that she also met her husband, Clint Lambert, a nursing student in the Navy. They married in 1974 and braced for life on the move, thanks to his military career, thus spawning her adaptation skills.

Their first home together was Philadelphia, where Dr. Lambert taught nursing students at the University of Pennsylvania. Her husband also furthered his edu-

The Impact of Physical Illness and Related Mental Health Concepts. (They've since co-authored two other books and numerous articles.)

She earned her doctorate in 1981 with specialties in psychosocial aspects of physical illness, stress and coping theories and women's health behavior.

Next, the Navy once again began to redirect their lives. "Clint was told he had his choice of islands to be transferred to: Japan, Japan or Japan," she laughed. Rather than make such a drastic change, he transferred to the Army and was sent to Fort Gordon, Ga.

Dr. Lambert joined the MCG School of Nursing faculty as an associate professor. She also coordinated the school's Ph.D. program. "I helped design the curriculum and wrote most of the documentation," she said. "I have

Her job is a challenge, but one she relishes. "If it was a piece of cake, I'd be bored out of my mind," she said.

And she's excited to be part of what she considers to be an exceptional team. "I like the way MCG is moving under Dr. Tedesco's administration," she said. "I think the growing collaboration among the five schools is extremely exciting. Plus, we have some real shining stars in this faculty, and the faculty is really pulling together as a unit and a team. There are so many wonderful things in the growth process at MCG. To be a part of that is very exciting." ■

Alumna Probes Health Habits in the Military

Christine Hurley Deriso

Push-ups, hikes and jogging are a part of military life. But do those in the service practice such health-beneficial habits on their own time?

Dr. Susan J. Simmons, who earned a Ph.D. in nursing from the Medical College of Georgia last spring, is probing just how health-conscious those in the military are.

Dr. Simmons, a member of the Office of Disease Prevention and Health Promotion team for the Department of Health and Human Services in Washington, D.C., began researching the topic while earning her doctorate. She plans to proceed based on those findings. "This gives me some data from which to move on," she said.

Dr. Simmons randomly selected 421 men and women in the U.S. Navy. The group represented various age groups and socioeconomic levels; 80 percent were white, 12 percent black. She distributed a questionnaire to the group to determine

their health behavior patterns.

The results? She found that in many ways, the military group left its civilian counterparts in the dust. "They scored very high in most behaviors, such as eating nutritiously and exercising," Dr. Simmons said. "There's a real emphasis in the military on health promotion, and these people are very motivated and committed to leading healthy lives."

She noted that this partially reflects the fact that those in the service have fewer lifestyle choices than others. "The military makes it easier for people to get in the groove because it's structured that way," she said. "The military very much wants to get out the message of specific behaviors affecting your health."

But the message gets through to some better than others. Dr. Simmons found that the younger the respondent, the less health-conscious he tended to be. "The older the individual, whether male or female, the more they practiced health-promoting behaviors," she said. "The young enlisted people were more likely to smoke, not exercise as much and eat more junk food. It seems that when you hit about 30, health behavior kicks in."

Such is also often the case in the civilian population, and Dr. Simmons cited many such similarities. "I feel the military is like a microcosm of society," she said. "Military people tend to behave very much like middle-class America."

But she hopes that learning more about the differences—the way the military outpace civilians in health behavior—will benefit society as a whole. As she continues her research as part of her work with the Department of Health and Human Services, she plans to focus on long-term health behavior.

"What's important is to identify patterns across time," she said. "I want to develop a longitudinal research agenda to track health behavior patterns of military families throughout the military career." ■

A Message from the Alumni Association

Jeanette Brown
President, School of Nursing
Alumni Association

We are happy to announce the newly elected School of Nursing Alumni Association officers for 1991-92:

President: Jeanette Brown
Vice President: Betty Till
Secretary: Patricia Nyyar
Treasurer: Peggy Belger

Nominating Committee
Cecelia Dykes, Frances Knapp, Patricia Decker

Board Members
Rose Jordan, Patricia Lillis (associate member), Carolyn di Donato-Gonzales, Betty Beaman

We hope you received a letter telling you about our new Alumni Association Student Scholarship Endowment Fund. This fund is in addition to the endowment fund that supports our School of Nursing Alumni Association and our present awards given each year. If you have not given to our scholarship fund, please give now. We need everyone to help so we can give a scholarship this year. Make your donation payable to the MCG Foundation School of Nursing Alumni Association Student Scholarship Endowment Fund.

You can also support this scholarship fund by joining our alumni association. Our numbers have grown from 284 to 343 just since the fall. But we need more of you to support us. And your dues make things happen, including the endowment fund and many other alumni association projects. We'd also like your suggestions about how the alumni association can help you. Give us

a call at 1-800-869-1113. Excitement and enthusiasm are running high; we'd love you to be a part of it.

Don't forget to join us at Homecoming May 2-5. Our new dean, Dr. Vickie Lambert, will be guest speaker May 2 so it will give you a chance to get to know her if you haven't already. Look for more Homecoming information on page 11. ■

Dr. White, Former Dean, Dies

Dr. Dorothy T. White, dean of the Medical College of Georgia School of Nursing from 1971 to 1976, died Dec. 27.

At the time of her death, Dr. White was a professor at Hunter-Bellevue School of Nursing in New York. She also had served as dean of the school but stepped down when her health began declining. She died of naso-pharynx cancer in New York. She was buried in Hurleyville, N.Y., Jan. 2. She is survived by her husband, Gerard.

Memorial contributions may be made to the Dr. Dorothy T. White Memorial Fund, Hunter-Bellevue School of Nursing, 425 E. 25th Street, New York, N.Y., 10010. ■

Class Notes

Margaret Dendy Davis (B.S.N., '81, Athens campus), Silver Spring, Md., is a staff operating room nurse at the National Naval Medical Center in Bethesda, Md., but is currently deployed as same in the Persian Gulf in Operation Desert Shield on USMS Comfort (a U.S. Navy hospital ship.) She was selected for a LCDR promotion in June 1989 (a member of the U.S. Navy Nurse Corps) and was awarded a Navy achievement medal Dec. 1, 1990. ■

Homecoming...cont. from pg. 12

Sunday, May 5, 11:30 a.m., ballroom of Old Medical College. \$15 per person. The luncheon is open to alumni, residents and interns who graduated 40 or more years ago from MCG. Retired faculty who have received membership in the alumni association also are invited. The class of '51 and all other eligible alumni, residents, interns and faculty will be formally inducted into the Emeritus Club during a brief ceremony. Members of the class of '51 will receive framed photographs of the Newton Building. To make reservations, contact Tammy Berry at 1-800-869-1113.

Nursing

Nursing program and dinner, Thursday, May 2, 7 p.m., Old Medical College. Dr. Vickie Lambert, dean of the School of Nursing, will be guest speaker, discussing *MCG Nursing: The New Decade*. This event also will feature the presentation of the E. Louise Grant and Phoebe Kandel Rohrer Founders awards. ■

Lost Alumni

For several years, we have been unable to locate the following alumni. If you know the whereabouts of any of these graduates, please contact the Medical College of Georgia Alumni Affairs Office at 1-800-869-1113.

School of Allied Health Sciences

Elaine T. Beavers
Debra A. Beazley
Robert M. Donovan
Janet E. Fargo
Paula D. Harrell
Mary E. Hubbs
Sandra D. Jackson
Wayne D. Jackson
James C. Leonard
Kerry J. Olsen
Paul E. Van Haelst
Dana E. Waller

School of Dentistry

Bruce M. Beckham, D.M.D.
Anne C. Hanse, D.M.D.

School of Medicine

Arundhati Arepally, M.D.
Earl J. Berman, M.D.
Mark G. Boddy, M.D.
Rebecca Burnette, M.D.
Edward P. Burrus, M.D.
Daniel F. Callahan, M.D.
Steven L. Carpenter, M.D.
James T. Douglas, M.D.
Mark W. Flodin, M.D.
Joe M. Hulsey, M.D.
Carl D. Johnson III, M.D.
Cameron S. McCaig, M.D.
Kenneth H. McCarley, M.D.
Kathleen M. Mobley, M.D.
Philip H. Morris Jr., M.D.
Thomas W. Price, M.D.
Raphael Rodriguez, M.D.
Robert H. Rosengart, M.D.
Kris M. Shekitka, M.D.
David L. Shumans, M.D.
Steven M. Tiernan, M.D.
Jorge E. Umpierre, M.D.
Diane Walker, M.D.
Don W. Williamson, M.D.
Misty L. Wray, M.D.

School of Nursing

Elizabeth R. Anderson, B.S.N.
Lori L. Athy, M.S.N.
Kelly A. Bartee, B.S.N.
Mary H. Baum M.S.N.
Allison L. Bednar, B.S.N.
Carolyn E. Graham, B.S.N. ■

Deadline for submitting information for publication in the spring issue of Alumnews is May 20, 1991

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

Today's date

Name

Phone

School graduated from

Degree

Class year

Street address

City

State

Zip

☐ Check if new address

Present specialty and place of practice or training

Professional news

Personal news (b&w photos welcome)

AlumNews

Editor Christine Hurley Deriso

Writers Toni Baker
Christine Hurley Deriso
Ingrid Heggoy
David Waller

Design Tina Frix

Photography Phil Jones

Please send to: Christine Deriso; Alumni Center FI-100;
Medical College of Georgia; Augusta, GA 30912

HEALTH CARE IN RURAL GEORGIA

Fresh Air and Friendly Faces



★ Cornelia

Fresh coffee is brewing all morning as people step into the office, enjoy a cup and take a quick look at the morning paper. Sometimes, they don't even have an appointment.

Dr. Gary Stough's general-dentistry office is located on the corner of South Main Street and Highland in downtown Cornelia, Ga. Not a sprawling metropolis, Cornelia offered just what Dr. Stough was looking for.

"I wanted a place to practice where I felt I could bring my family, with a good school system for my children," he said. "And I wanted to be able to do what I had been trained to do—preventive dentistry, endodontics, periodontics—and to make a difference."

And he has made a difference in the 12 years he has practiced in the north Georgia mountains. Cornelia and adjacent Baldwin and Mount Airy are home to approximately 5,000 people and many

people who needed more than routine dental care used to drive to Gainesville or Atlanta, Dr. Stough said.

"I think the concept of dentistry here has totally changed, and I like to think I'm at least partially responsible for that," he said. "When I came here, people usually came to the dentist only when they had a toothache, to have a tooth pulled or to be fitted for dentures. Now people know they don't need to lose a tooth. They come in for preventive dentistry, maybe a root canal if they need it.

"When I got here, I used to have to actually talk people out of having their teeth pulled. People would come in who didn't like the way their teeth looked, and they'd want to get dentures. Or a tooth would hurt and they'd ask me to pull it. They weren't used to, for instance, filling a cavity on a front tooth and bonding it so it would look good, function well, and they could keep it."

One of the most vivid examples of the changes since he started his practice is his no-cavity club for children 12 and under.

"When I started here, it was unusual to find a child who didn't have a filling," he said. "Now, it isn't unusual for us to have 200 children on the list for our no-cavity club party."

Dr. Stough, an Augusta native, chose Cornelia as his home while he was looking for a place to begin his dental practice. He began the MCG School of Dentistry in 1974, after going back to college for some science

classes when he returned from the Vietnam War, where he was a Marine helicopter pilot.

"When I came back from Vietnam, I decided I wanted to become a dentist," he

Dr. Gary Stough with children Boyd and Laurel.

said. "I wanted to be a professional, and I really wanted to serve people. That some-





times sounds trite, but I really do. I wanted to make a difference, and I really enjoy working with people.

"And I wanted to go back to the small-town values that I grew up with, that were in Augusta when I grew up there. Big cities are so impersonal, and I wanted my family to have those values I learned as a child."

He had decided he wanted to live in a small town and was considering Statesboro, Millen and Swainsboro when he and his wife, Diane, were traveling and stopped to see a friend in Cornelia.

"It was the middle of the summer, and we could sit out on the porch, and the windows were open," he said. "My wife asked me then if I'd like to move to Cornelia."

While small-town life has met the Stoughs' expectations, beginning a practice in Cornelia presented its share of difficulties.

"I think one of the most difficult things is convincing people that you're really here to stay," he said. "In these small towns, there is a real problem with doctors and dentists coming here for a year or two, maybe to repay the government for their education, and then leaving."

"So not only do you have to become a real part of the community, you have to prove yourself to the people who might have been going to another dentist for a couple of generations, and you have to satisfy the newcomers from places like Atlanta, too."

Dr. Stough is very much a part of the

community in Cornelia. He and his wife are active in their church. He sings in the barber-shop quartet. He's a member of the Rotary Club and chairman of their scholarship fund. He's on the board of directors for the Chamber of Commerce and chairman of Cornelia Housing Authority. He and his wife are co-vice presidents of the Habarsham Swim Team. His three children, Alexa, Boyd and Laurel, are active in their schools and in sports. Everywhere in town, someone smiles and greets him. In a small town, he said, you have to do your part, because there's not someone else there to do it for you, and he certainly does his share. And this attitude helped him gain acceptance when he moved to town.

"I guess I really realized how difficult it is for people to accept that you're going to stay after I'd been here about five years," he said. "I was walking home from work one day, and a lady asked me, 'How do you like our little town?' I told her I loved it, and then she asked me if I was planning to stay!"

But any difficulties in the beginning have been quickly more than made up for, he feels. And he likes the advantages of working and living in a small town.

"I think it's really a different atmosphere," he said. "I think people realize, after several years, that I really care, and I really do. I'll do whatever I can for them; I'll apologize if I have to do something that hurts. If something happens and someone's in pain, I'll do whatever I can

to help them, even if it's 2 in the morning.

"And we can do little things here that I think can make such a difference. Like calling people in the evenings after they've had an extraction or a root canal, to make sure they're doing all right and to check if they need anything."

"You have to be more careful about what you say and do, because I think you're under greater scrutiny since this isn't an anonymous city, it's also special. You see people, your patients, in the grocery store, you sit next to them in church, your kids are in school with their kids."

"And you just can't compare the quality of life. I can leave my house and drive to work in four minutes. If it's snowing and someone needs to see me, I can walk to the office in under a half an hour. We don't have to lock our cars. The air is clean. And I can make a real difference in the lives of my patients."

Dr. Stough has no doubts that a dental practice in a rural part of the state was the right choice for him and his family.

"I think sometimes people think that people who go to small towns to practice are second-rate and can't cut it in a larger place," he said. "I think that's just not true. I had opportunities in other places, and I could probably have made a living more quickly and easily. I chose to come here, and it's a decision my wife and I haven't regretted once in the 12 and a half years we've been here. And we aren't leaving anytime soon."

—INGRID HEGGOY

HEALTH CARE IN RURAL GEORGIA

Filling A Need

Sylvania ★





she has also held a variety of part-time jobs in the past 10 years with agencies such as the Ogeechee Home Health Agency and Syl-View Healthcare, working with children with special physical and emotional needs has dominated her life.

"It is a great feeling to watch these kids grow and change. I can't imagine anything more rewarding," she said.

Ms. Reddick-Collins said that the principal and superintendent she works for are very progressive and

There are certain things that only people who grew up in a small town can really appreciate, according to Pam Reddick-Collins, occupational therapist for the Screven County Board of Education.

Things such as cutting the grass on a warm summer day and then lying in the freshly cut grass and watching the sun set. Or seeing everybody you know at church on Sunday morning.

These are some of the things that make small-town life unique. It isn't the life for everyone, but it seems to suit Ms. Reddick-Collins.

Ms. Reddick-Collins was raised in Screven County, Ga., just outside Sylvania. In 1978, she left her home for the first time to attend classes at Georgia Southern College, now Georgia Southern University in Statesboro.

"I grew up in a close family and I saw that the older members needed help doing certain things," Ms. Reddick-Collins said. "I decided that this area needed a physical therapist."

While at Georgia Southern, Ms. Reddick-Collins studied pre-physical therapy training until her adviser suggested occupational therapy.

"I didn't really know anything about occupational therapy at the time," she said. "But I did like the fact that occupational

therapy was more teaching practical things and that is really what I wanted to do."

Ms. Reddick-Collins came to Augusta to meet with Ann Evans, who recruited students for MCG's occupational therapy program. "Ms. Evans spent at least two hours with me," Ms. Reddick-Collins said. "By the time I left that day, my mind was made up to go into occupational therapy."

When Ms. Reddick-Collins first arrived at MCG in 1979, it was a frightening experience for her. She was suddenly in a relatively large city where she knew no one. It proved to be a very productive two years despite her initial reluctance.

"When I was at MCG, the occupational therapy department was in the old Murphey building," Ms. Reddick-Collins said. "One of the last things I did at MCG was help move the department into the new building."

Ms. Reddick-Collins graduated from MCG in 1981 and returned to her home in Screven County.

"I knew that it was unusual for someone with my training to move into a rural area, and I knew that Screven County needed the services that I offered, so the decision was more or less made for me," Ms. Reddick-Collins said.

Upon returning home, Ms. Reddick-Collins was employed by the Screven County Board of Education. Even though

helpful. "That makes my job a lot nicer also," she said.

"Sometimes I go to them with some ideas that seem a little strange, but they are very good about letting me try things. Sometimes they work and sometimes they don't, but we are certainly willing to try anything reasonable here," Ms. Reddick-Collins said.

When her workday is complete at the school, Ms. Reddick-Collins doesn't go home. She heads for the local nursing home, hospital or a private residence where someone needs help adjusting to special problems they may have. Sometimes she gets paid for these efforts and sometimes the rewards are not monetary.

"These older people that need help are the ones that originally got me interested in occupational therapy," she said. "I get as much inspiration from them as they get from me."

Ms. Reddick-Collins returned to MCG for three months in 1983 as an instructor of human development. She had agreed to take the position during the summer, but knew that her permanent place was in Screven County.

"My husband is from this area and we really like it here. I also have a 4-year-old son, Cody, who will start school next year and I really want him to grow up here," she said.

—DAVID WALLER

HEALTH CARE IN RURAL GEORGIA

Taliaferro County ★
Warren County ★★
Glascock County

Getting Hooked



Technically Dr. J. Michael Seward's commitment ended in 1989.

Emotionally his commitment just may never end.

After all, he's got plenty of satisfaction, plus a freezer full of deer meat and

Dr. J. Michael Seward

his share of homemade preserves and cookies to show for his efforts at the rural medical clinics of Tri-County Health System, Inc.

Being a physician at this three-clinic

setup that serves the friendly people of Warren, Glascock, Taliaferro and surrounding counties wasn't his idea.

It was the idea of the National Health Services Corps.

That federal group paid for the last three years of Dr. Seward's medical education at the Medical College of Georgia. When he finished his family medicine residency at MCG in 1986, the National Health Services Corps had earned the right to tell him where he'd be spending his next three years. The corps told him he'd be at this clinic funded through a federal Community Health Center grant.

"I can tolerate anything for three years," he reasoned.

Then about year two, Dr. Seward began to look around. He saw that he was making a difference for a bunch of easy-going and loyal people.

Dr. Seward had tasted this life before: back when he was a family medicine resident at MCG, he did rotations at the clinics as all second- and third-year residents do. Medical students taking a family medicine rotation also spend time in this part of rural Georgia.

Today Dr. Seward is the only doctor that actually works for Tri-County. Other attendings, plus the residents and students, are there because of Tri-County's contract with MCG.

This 13-year-old Tri-County Health System, Inc. was the brainchild of county commissioners from Warren, Glascock and Taliaferro counties who contracted with MCG for the medical services to help make it a reality.

This relationship was just what Dr. Patrick F. Mongan had in mind when he joined the MCG faculty in 1980.

"These people need a doctor," Dr. Mongan says flatly of the counties that count the only doctors they have as the ones at Tri-County.

When Dr. Mongan was doing his family medicine residency at the University of Florida he remembers a small-town clinic where people called to check on patients before patients ever got there.

Now as medical director of Tri-County, part of his job is to see that today's students and residents get exposure so they just might opt to share his perspective.

Look at Dr. Donna Wall, who admits to plotting and scheming to work at Tri-County after she finished her family medicine residency at MCG. She grew up herself in rather rural northwest Georgia's Dade County.

Her first thoughts of Tri-County were that people liked their work and cared for their patients.



Dr. Patrick F. Mongan

Tuesdays she goes to the Warrenton office to see mainly prenatal patients. Thursdays are spent in a double-wide trailer near the health department in Taliaferro County. Fridays she spends in Glascock County's city of Gibson, where the double-wide has been replaced with a "one-stop shopping" concept where the clinic, Senior Citizens Council, health department and Department of Family and Children Services merge under one roof.

"I love it. I'm in a different place every day. It's a different community, slightly different patient problems."

Still she has her own patients she sees

time and again in all these places so there also is consistency in the variety.

"We see newborn infants from their one-week checkup to prenatals to grandmothers and grandfathers," Dr. Seward said.

"When you start talking about rural practices vs. urban practices, everything is a lot more laid back and relaxed. With some patients, they have gotten to the point where the medical status is stable," he said.

"If you come in for a routine appointment and you have absolutely no complaints and you are allotted your 15 minutes and it only takes a minute and a half to go over what your medical problem is, what do you do for the other 14 minutes?"



MCG student Beth Whaley examines Kenneth Moore at Tri-County Health System, Inc.'s Warren County clinic

We chat. We chat about what is going on in their lives. I tell them what is going on in my life."

He says this time together always makes it easier to be a better doctor; that's particularly true when the news they must discuss is bad.

"The people that I take care of are very, very responsive to the help that I give," says this man who was born in Washington, D.C., but raised in rural North Carolina eating squirrels and rabbits.

"I think I'm Warren County's physician as long as they will let me stay." They are people like Hazel Blanchard.

"I live at 106 Mayfield Road on the outskirts of Warrenton, Thomson, Ga., is my hometown," says "Miss Hazel."

The Tri-County regular has spent a good bit of vacationing time in Florida

and liked living in the state of Washington and in Decatur, Ga.

But life brought Miss Hazel home in 1987 and she found Tri-County when pneumonia found her.

"You know Warrenton does not have any (other) doctors. This is the only thing Warrenton has. I think it's a nice setup, don't you?

"I don't have a car. I'd have a hard time going to the doctors in Thomson. I'd have to find somebody going to Thomson and pay them for the ride. I think Warrenton is a lovely town but they just don't have any conveniences like...buses."

Down the hall is patient Catherine Hudgeon. Her father—the late Algie Wilburn—was on Tri-County's board of directors. "He loved this community. He was the type of person who always wanted to be of service," Ms. Hudgeon said.

Efforts by people like her father mean Ms. Hudgeon does not have to drive anywhere except Warrenton to get

medical care.

"I would be without medical services right here near me, right close at hand, a place that we can just come to without going miles for any medical attention."

So would Fred Allen.

He grew up in nearby Elberton County and lived in Thomson for about 30 years. He's disabled now, from a long bout with diabetes and an enlarged heart. The Department of Veterans Affairs Medical Center in Augusta recommended Tri-County. Now he comes in at least once a month. "I like it fine. They examine me good and everything."

"We can handle most chronic diseases, acute diseases, minor surgery," said Donna Newsome, administrator of Tri-County Health Systems, Inc.

"When I say minor surgery, we have a chain-saw industry here. We get a lot of chain-saw cuts. We do a lot of suturing.

"Yesterday we had a man come in, he had worked on a farm for 25 years. For



"I would be without medical services right here near me...a place where we can come to without going miles for medical attention."

—Catherine Hudgeon

the first time in 25 years he got kicked between the eyes by a cow."

The Warrenton office has seven examination rooms and a minor-emergency room for just such happenings. "We have a defibrillator which was put in here by MCG. We are working on getting mammography here and doing sonograms here. We have EMTs (emergency medical technicians) here in the county. They pretty well know what we can handle and what we can't."

If it's a bad wreck, chances are the patients will be transported directly to the Regional Trauma Center at MCG. But there have been times Dr. Seward and others have been called to the scene of an accident.

"That's what you get in your small, rural towns," Mrs. Newsome said. "People work together."

"It's a happy place. If we weren't here I don't know where these people would go for health care," said Mrs. Newsome, who happens to be a Glascock County native.

"You know Warrenton does not have any (other) doctors. This is the only thing Warrenton has."

—Hazel Blanchard



as far as from Richmond County here."

The paying status of the patients is as varied as the patients themselves and Tri-County takes whomever needs care whenever they need it.

Dr. Seward remembers the first time he had an after-hours office visit. "I had a

"All I ever knew until I was about 14 years old was a doctor who provided services out of his home in Glascock County. After he died, we had several doctors come in and stay six months and leave."

Then came the late 1970s and Tri-County.

Those first years of



"I like it fine. They examine me good and everything."

—Fred Allen

'74 Olds Cutlass that looked like a total bomb with Richmond County tags. I came in to see a patient who was having chest pains.

"I was sitting there talking with her and there was a loud knock at the back door. The local policeman had his gun pulled and was waiting for me when I opened the door because he thought somebody had broken in. He wasn't aware that I was in town yet."

So goes the atmosphere in this place without beepers, where patients have the doctor's home telephone number but rarely use it.

"It's a strange phenomenon that probably only happens in rural Georgia. My patients feel that it is impolite to disturb the physician," Dr. Seward said. "I have had people who have had heart attacks in the middle of the night. I come in the next morning, they will come to the door and say they have been hurting. How long have you been hurting? 'I've been hurting since about 4 o'clock in the morning.' Why didn't you call somebody? 'Well, we didn't want to bother you.'"

Bother me, Dr. Seward tells the patient.

—TONI BAKER

Plan Your Giving

Will your estate avoid taxes? Federal estate tax rates are steep, starting at 37 percent and climbing to 55 percent (50 percent after 1992) on assets exceeding \$3 million. The good news is that since 1981, Uncle Sam has steadily increased the tax-free estate from a mere \$175,625 to \$600,000 (though even this has begun being phased out by the 1986 tax law on amounts over \$10 million.) A married couple can leave an unlimited amount to the surviving spouse tax-free.

But look out. You may be one of millions of Americans who still have potentially taxable estates. And even if you're married, your combined assets may be exposed to tax when they pass to children or others.

Assuming you're married, the trouble with a simple will, leaving everything outright to your spouse, is that some of the money may end up in the tax adviser's hands when your spouse dies and your combined assets pass to someone other than a new spouse. The real challenge now is to minimize taxes on the second estate.

You can do this by creating a trust for your spouse's benefit that later will bypass your spouse's taxable estate. You arrange to have this trust funded up to \$600,000 after your lifetime. You also make sure this part of your estate won't qualify for the marital deduction, because

if it did, those assets would eventually be taxable in your spouse's estate.

Our government encourages gifts and bequests to qualified charities, so their value is completely exempt from federal estate and gift taxes. By your gifts to us and other philanthropic institutions, both now and by your estate plan, you can dedicate your money to those causes most dear to you.

For example, consider a life income plan that qualifies for generous estate and gift tax savings. This is a good way to help yourself now while assuring a gift to us for our work after your lifetime. With a charitable remainder trust, you also get a money-saving federal income tax deduction for a portion of the current value of your gift, and you rid yourself of investment worries by securing expert management of the assets you give.

Have I stimulated your thinking about your estate plan? I hope so. Now you're ready to meet with a lawyer who specializes in wills, trusts and probate for professional counsel about drafting a plan you'll feel good about.

When you consider a gift to us that will take effect after your lifetime, I can suggest moves that will benefit both your heirs and our important work, so your benevolence will long be remembered. For more information, please call me at 1-800-869-1113.

—BRUCE HOWERTON
Director of Planned Giving

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